



MIAMI-DADE COUNTY
General Services Administration
Permit to Use County Property
Page one

Date of application: _____ Number of Participants: _____ (approximate number)
Location requested: _____
Name of requesting organization: _____
Name of Event Organizer: _____
Organization's address: _____
Street address City, State Zip Code
Telephone number: _____ Fax number: _____ E-mail: _____
Purpose of Use (If necessary, use reverse side of this sheet): _____

Is organization profit making?

yes ☐

no ☐

Please include proof of non-profit status by attaching the certificate to this application.

Period requested: From: _____ To: _____
Time Date Time Date

1. The building manager or County designee will provide available space/areas identified for this purpose as long as it does not interfere with scheduled County functions or events.
2. County functions and events will take precedence in regards to space allocation. Petitioner may be asked to move to a different area/location identified by the building manager when these circumstances are encountered.
3. The petitioner will make their request in writing to the building manager weekly with a minimum of fifteen days in advance. This will ensure that scheduled events do not conflict with petitioner's event.

Please provide information regarding vendors, contractors or subcontractors, media, guest speakers, etc. as requested below. For additional participants please include a separate sheet.

Vendor/Participants name	Service/role	Contact Information
Vendor/Participants name	Service/role	Contact Information
Vendor/Participants name	Service/role	Contact Information
Will alcohol be served?		
If so, Vendor Name	Telephone number	License/Permit Number



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Area of Site Requested

Topic and/or theme of the Special Event

On scene person responsible for event:

Print Name

Phone number

Signature

Date

Building Management Recommendations for approval or Disapproval:

Print Name

Phone number

Signature

Date

General Services Administration Recommendations for approval or Disapproval:

Print Name

Phone number

Signature

Date

Final Action:

Approved: ☐

Disapproved: ☐

GSA Director or Assistant County Manager

Date